

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/28/03.

I. DISPUTE

Whether there should be additional reimbursement for DME for the dates of service 07/18/02.

II. RATIONALE

DME code E1399 in the amount of \$270.00 had no EOB submitted by the respondent in the case file for the date of service 09/25/02. Therefore, the billed charges will be reviewed as a fee. The DME code billed E1399 has no MAR. MFG DME GR (IX)(C) indicates a fair and reasonable rate of reimbursement will be applied. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The respondent made no reimbursement to the requestor, leaving \$255.00 in dispute. The requestor submitted EOBs that do not identify what DME item is being billed and no corresponding HCFAs to show the DME is the same as what is in dispute. Therefore based on this information submitted by the requestor, additional reimbursement is not recommend.

III. FINDINGS & DECISION

The above Findings, Decision is hereby issued this 17th day of December 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb